UNITED STATES DISTRICT COURT

DISTRICT OF OREGON

| JOHN BYRNE, | et al., | Case No.: 3:20-cv-00171-AC | | | | |
|-----------------|---|-------------------------------|--------------------------|----------|--|--|
| | Plaintiff(s), | | | | | |
| v. | | MOTION FOR LE PRO HAC VICE | AVE TO APPEA | AR. | | |
| WESTPAC BAN | NKING CORPORATION, et al., | | | | | |
| | Defendant(s). | | | | | |
| Attorne | ey Laurence M. Rosen | requests spec | ial admission <i>pro</i> | o hac | | |
| vice to the Bar | of the United States District Co | urt for the District of Oreg | gon in the above- | - | | |
| captioned case | e for the purposes of representing | the following party (or p | arties): | _ | | |
| In supp | port of this application, I certify t | that: 1) I am an active me | mber in good sta | ınding | | |
| with the New | York State Bar; and 2) that | I have read and am famil | iar with the Fede | eral | | |
| | ence, the Federal Rules of Civil a | | | | | |
| | s Court's Statement of Profession | | | | | |
| | rstand that my admission to the F | | istrict Court for t | the | | |
| | egon is solely for the purpose of | | | | | |
| | on the conclusion of the matter. | | | | | |
| Î | | | | | | |
| (1) | PERSONAL DATA: Name Rosen | Laurence | М. | | | |
| | Name: Rosen (Last Name) | (First Name) | (MI) | (Suffix) | | |
| | Agency/firm affiliation: The Rosen Law Firm, P.A. | | | | | |
| | Mailing address: 275 Madison Avenue, 40th Floor | | | | | |
| | City: New York | State: Nev | v York Zip: 10 | 0016 | | |
| | Phone number: (212) 686-1060 | Fax numb | oer: (212) 202-38 | 27 | | |
| | Business e-mail address: Irose | n@rosenlegal.com | <u> </u> | | | |
| | | | | | | |

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| (2) | | BAR ADMISSION INFORMATION: | | | | |
|----------------------------|--------------------------|--|--|--|--|--|
| | (a) | State bar admission(s), date(s) of admission, and bar number(s): Please see attachment. | | | | |
| | (b) | Other federal court admission(s) and date(s) of admission: Please see attachment. | | | | |
| (3) | CER' | TIFICATION OF DISCIPLINARY ACTIONS: | | | | |
| V | I am | I am not now, nor have I ever been, subject to any disciplinary action by any state or federal bar association or subject to judicial sanctions. | | | | |
| | I am | I am now or have been subject to disciplinary action by a state or federal bar association or subject to judicial sanctions. (Attach letter of explanation.) | | | | |
| (4) | Pursu respo requir | CERTIFICATION OF PROFESSIONAL LIABILITY INSURANCE: Pursuant to LR 83-3, I have professional liability insurance, or financial responsibility equivalent to liability insurance, that meets the insurance requirements of the Oregon State Bar for attorneys practicing in this District, and that will apply and remain in force for the duration of the case, including any appeal proceedings. | | | | |
| (5) | I ackı mana appli | CM/ECF REGISTRATION: I acknowledge that I will become a registered user of the Court's case management and electronic case filing system (CM/ECF) upon approval of this application, and I consent to electronic service pursuant to Fed. R. Civ. P. 5(b)(2)(E) and the Local Rules of the District of Oregon. | | | | |
| Certification requirements | of Atto of LR 8 | rney Seeking <i>Pro Hac Vice</i> Admission: I have read and understand the 3-3, and I certify that the above information is true and correct. | | | | |
| DATE | ED: <u>04/10</u> | 0/2020 | | | | |
| | | /s/Laurence M. Rosen | | | | |
| | (Signature) | | | | | |
| | | (2.8 | | | | |

REQUIREMENT TO ASSOCIATE WITH LOCAL COUNSEL:

LR 83-3(a)(1) requires applicants for *pro hac vice* admission to associate with local counsel, unless requesting a waiver of the requirement under LR 45-1.

To request a waiver of the requirement to associate with local counsel under LR 45-1, check the following box:

I seek admission for the limited purpose of filing a motion related to a subpoena that this Court did not issue. Pursuant to LR 45-1(b), I request a waiver of the LR 83-3(a)(1) requirement to associate with local counsel and therefore do not include a certification from local counsel with this application.

To associate with local counsel, provide the following information about local counsel, and obtain the signature of local counsel.

| Name: | Ratliff | Jeffrey | S. | |
|----------------|---|--|---|---------------------------|
| Tranic. | (Last Name) | (First Name) | (MI) | (Suffix) |
| OSB number: | 893422 | | | |
| Agency/firm | affiliation: Ransom, Gilber | rtson, Martin & Ratliff, LLP | | |
| Mailing addre | ess: 8401 NE Halsey Stree | , Suite 208 | | |
| City: Portland | 1 | State: Oregon Z | ip: | 97220 |
| Phone numbe | r:(503) 226-3664 | Fax number: (503) 2 | 243-6716 | |
| Business e-m | ail address: RGMR1500@ | gmail.com | | <u> </u> |
| CERTIFICA | ATION OF ASSOCIATI | E LOCAL COUNSEL: | | |
| understand th | I am a member in good store requirements of LR 83-cv-00171-AC | anding of the bar of this Co -3, and that I will serve as o | ourt, that I have re lesignated local co | ead and ounsel in case |
| DATED: 04/ | 13/2020 | <u></u> . | | |
| | | 15/ JEI | FFREYS K | BATLIFF |

(Signature of Local Counsel)

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